



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E278249**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	13-02609
LOCAL AGENCY CODING	
TOTAL # OF UNITS	03
OBJECT STRUCK	

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	10	-	18	-	2013			0723	31						0884

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

20 ST SE BLOCK NO. ☒ 8400

MILE POST ☐

DISTANCE 100 00 MILES ☒ N ☐ E ☐ S ☒ W ☒

OF (REFERENCE OR CROSS STREET) 83 AVE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4258701916 N: 4253341336
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LAST NAME	EBERLY	FIRST NAME	JACOB	MIDDLE INITIAL	A
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STREET NEW ADDRESS 1312 114 AVE NE

CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	EBERLJA151R2	STATE	WA	SEX	M	D.O.B. MMDDYYYY	12	-	22	-	1985
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	AGU0527	STATE	WA	VIN#	1GHDT13Z3M2700687
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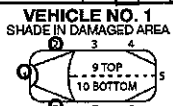
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1991	MAKE	OLDS	MODEL	BRAVA	STYLE	4H	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	320630526	CHARGE	OP MOT VEH W/OUT INS
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253451995
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LAST NAME	SUBRAMANIAM	FIRST NAME	KUMARAVEL	MIDDLE INITIAL	
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STREET NEW ADDRESS 2303 119TH DR SE

CITY	EVERETT	ST	WA	ZIP	982054513
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SUBRAK*309LC	STATE	WA	SEX	M	D.O.B. MMDDYYYY	06	-	03	-	1970
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AMV6646	STATE	WA	VIN#	1FMYU93125KC92175
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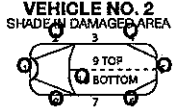
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	FORD	MODEL	ESCAPE	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. LISA SULLIVAN-SINCLAIRE 2303 119TH DR SE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	LIBERTY MUTUAL A022680567334035
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
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OFFICER'S NAME (PRINT)	RON BROOKS	BADGE OR ID #	013	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E278249**

CASE # **13-02609**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX		D.O.B. MMDDYYYY																
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX		D.O.B. MMDDYYYY																
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX		D.O.B. MMDDYYYY																
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 and 3 were stopped for a red light at the intersection of 83 Ave. and 20th St. S.E. Unit 1 Struck Unit 2 pushing Unit 2 into Unit 3. The driver of Unit 1 told the other two drivers that he had to get to work. He gave his phone number and name. The driver of Unit 2 was able to get the license plate numbers from Unit 1. The driver of Unit 1 told the other two drivers that he did not have his insurance information with him. The driver of Unit 1 left the scene prior to the police arriving. I tried to call the driver of Unit 1 and got no answer for the phone number that was given. The phone service said this subscriber is unavailable please try again later. The driver of Unit 1 identified himself as Jacob A. Eberly to the driver of Unit 2. I called a phone number in CAD that was associated to Eberly. I talked to his aunt. She told me that Jacob Eberly does live with her and that he does not have insurance at this time.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS		10-18-13 08:47 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	
APPROVED BY RON BROOKS 013		DATE 10/18/2013 9:41:07 AM	
BADGE OR ID #	013	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
7:24 AM		7:31 AM	



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E278249**

CASE # **13-02609**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4253435772

LAST NAME

OLIVER

FIRST NAME

WARREN

MIDDLE INITIAL

B

STREET NEW ADDRESS

103 118TH DR NE

CITY

LAKE STEVENS

ST

WA

ZIP

982588679

CDL

RESTRICTIONS

B, J

ENDORSEMENTS

DRIVER'S LICENSE #

OLIVEWB398PR

STATE

WA

SEX

M

D.O.B.

MMDDYYYY

10

-

19

-

1961

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

2

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

427WFJ

STATE

WA

VIN#

JN8AR05Y5VW129370

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

1997

MAKE

NISS

MODEL

PATH

STYLE

UT

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. CARMELITA OLIVER 906 11TH ST MUKILTEO WA 98275

LIABILITY INSURANCE IN EFFECT ☒

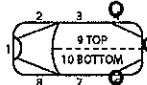
INSURANCE CO & POLICY # MIDDLESEX 475972615

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

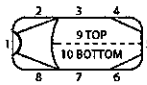
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

10-18-13 08:47 AM

DATED:

PLACE SIGNED

BADGE OR ID #

013

ORI

WA0311900

APPROVED BY

BROOKS

DATE

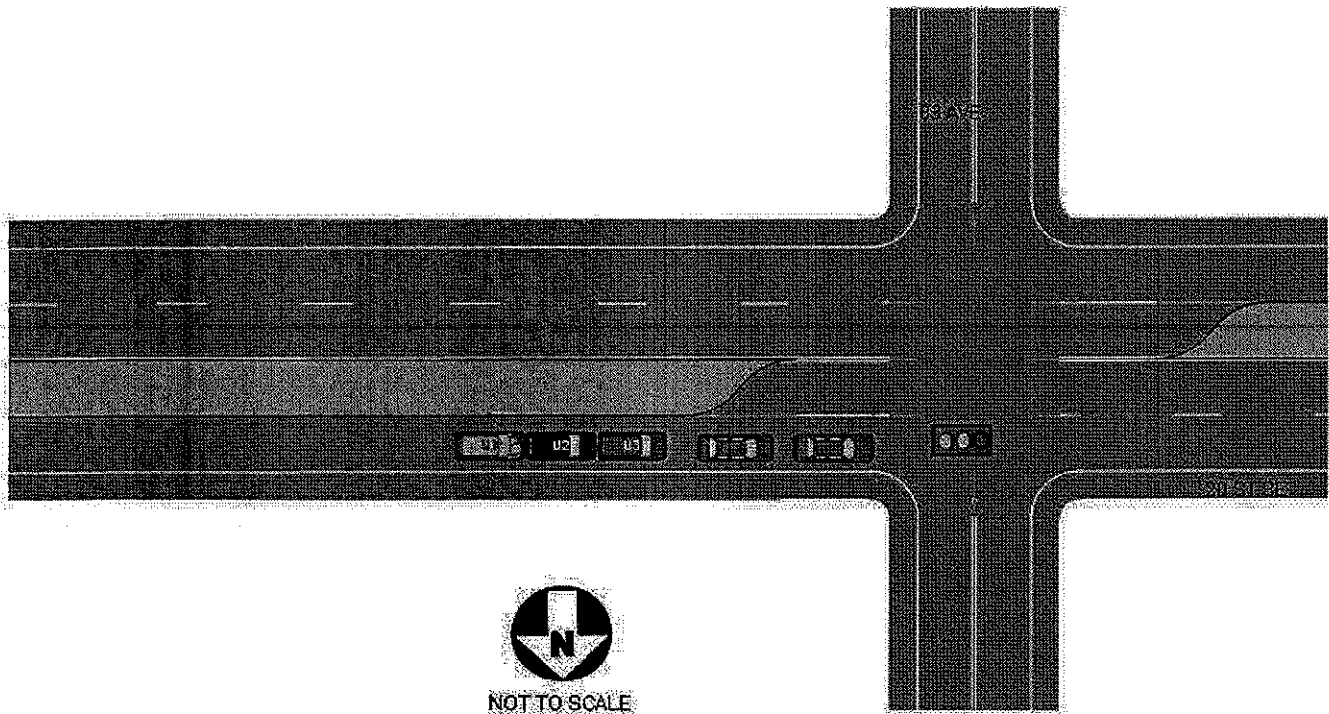
10/18/201

PAGE

3

OF

4



IN THE ☐ DISTRICT ☒ MUNICIPAL COURT OF **LAKE STEVENS VIOLATION BUREAU** ☒ CITY/TOWN OF **LAKE STEVENS** PLAINTIFF VS. NAMED DEFENDANT
 STATE OF WASHINGTON COUNTY OF

DRIVER'S LICENSE NO. **EBERLJA151R2** STATE **WA** EXPIRES **02-02-14** PHOTO ID MATCHED ☒ YES ☐ NO NAME: LAST **EBERLY** FIRST **JACOB** MIDDLE **A** SFX ☐ GDL ☒ YES ☐ NO

ADDRESS **1312 114 AVE NE** IF NEW ADDRESS ☐ PASSENGER ☐ CITY **LAKE STEVENS** STATE **WA** ZIP CODE **98258**

EMPLOYER **EVERETT** EMP LOCATION **EVERETT** DATE OF BIRTH **12-22-85** RACE **W** SEX **M** HEIGHT **5'11"** WEIGHT **180** EYES **BRO** HAIR **BLK** RESIDENTIAL PHONE NO. **(425)870-1916** CELL/PAGER PHONE NO. **(425)334-1336** WORK PHONE NO.

VIOLATION DATE **10/18/2013 9:18** INTERPRETER NEEDED ☐ AT LOCATION **20 ST SE** REF. TRAFFICWAY **83 AVE** BLOCK # **8400** CITY/COUNTY OF **LAKE STEVENS/SNOHOMISH**

VEH LIC NO **AGU0527** STATE **WA** EXPIRES **02-02-14** VEH YR **1991** MAKE **OLDSMOBILE** MODEL **BRAVADA** STYLE **4-DOOR HATCHBACK** COLOR **WHITE**

TR #1 LIC NO **STATE** EXPIRES **TR YR** TR #2 LIC NO **STATE** EXPIRES **TR YR**

OWNER/COMPANY IF OTHER THAN DRIVER **CITY** STATE **ZIP CODE**

ACCIDENT ☐ COMMERCIAL ☐ YES ☐ 16+ ☐ YES ☐ HAZMAT ☐ YES ☐ EXEMPT ☐ FIRE ☐ VEHICLE ☒ NO ☐ PASS ☒ NO ☐ NO ☐ NO ☐ NO ☐ LEA

VEH SPEED **IN A** ZONE **SMD** DID THEN AND THERE COMMIT EACH OF THE FOLLOWING OFFENSES **OP MOT VEH W/OUT INS**

1. VIOLATION/STATUTE CODE **46.30.020** PENALTY \$ **550.00**

2. VIOLATION/STATUTE CODE **PENALTY \$**

3. VIOLATION/STATUTE CODE **PENALTY \$**

4. VIOLATION/STATUTE CODE **PENALTY \$**

5. VIOLATION/STATUTE CODE **PENALTY \$**

RELATED # **DATE ISSUED 10-18-13** TOTAL PENALTY \$ **550.00**

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER **RON BROOKS** # **013** OFFICER #

☐ TICKET SERVED ON VIOLATOR ☒ TICKET REFERRED TO PROSECUTOR

☒ TICKET SENT TO COURT FOR MAILING

NOTICE OF INFRACITION
 This is a non-criminal offense for which you cannot go to jail.
 YOU MUST RESPOND WITHIN FIFTEEN (15) DAYS FROM THE DATE ISSUED.
 Your response must be postmarked by midnight of the day it is due at the court.
 If you do not respond or appear for court hearings:
 TRAFFIC
 The court will find that you committed the infraction.
 You may lose your driver's license privilege.
 Your penalty will be increased.
 Failure to pay may result in a referral of your case to a collection agency.

Check one of the 3 boxes to the right, sign, date, and mail this form to:
 Court contact information:
 Phone: (425)334-1012

LAKE STEVENS VIOLATION BUREAU
 PO BOX 257
 LAKE STEVENS WA 98258

NAME: _____
 Street or PO Box _____
 City: _____ State: _____ Zip Code: _____
 Telephone: Home: _____ Work: _____
 Is interpreter needed? Language: _____
 X: _____ (SIGNATURE) 320630526

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02609

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) SUBRAMANIAM, KUMARAVEL	RACE INDIA	ETH	SEX M	DOB 06/03/70	AGE 43	HGT 6'5"	WGT 270	HAIR Black	EYES Black
STREET ADDRESS 2803, 119th Drive SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-334-3505		CELL PHONE 425-345-1995		PLACE OF EMPLOYMENT Everett, Boeing Co.						
WORK PHONE 425-501-9808		EMAIL ADDRESS THESINCLAIRES@YA.HO.COM								

I, KUMARAVEL SUBRAMANIAM, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Driving to work on Friday 10/18 from my house. Got into 20th St SE and going towards work Everett Boeing. About 200ft prior 18th Ave SE the vehicles (near Cawthra High school) were slowing down. Nissan Pathfinder lic plate NO: 427-WFJ suddenly stopped so my vehicle stopped but few seconds later my vehicle was hit in the back very fast by Oldsmobile SUV driven by Jason. Everly lic plate NO AGU0527. My vehicle was pushed by itself due to the momentum of impact and it hit the Nissan Pathfinder ahead of me. Then it started to leak oil in the front of my vehicle. The rear of my vehicle had damaged with hitch bent back. It is not in drivable condition. The vehicle Nissan ahead of my vehicle got its hitch bent as well no other damage to his vehicle. My vehicle in rear & front bumper damaged.

The SUV Oldsmobile owner said he did not have his insurance card with him and saw we were physically OK and said he had to leave and left. He gave his phone number 425-870-1916 license plate # AGU0527. The Nissan owner Warren Oliver lic plate 427-WFJ left for 10 min & came back. This accident happened between 6:35 to 6:40 AM on 10/18/13. I called my Insurance & then the Police. Jason left about 6:50 AM. He said his phone is out of minutes. Officer helped calling Tow company.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 10/18/13	LOCATION SIGNED Lake Stevens, WA 98258
OFFICER/NUMBER: 5012	DATE SIGNED 11	LOCATION SIGNED 11

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-02609

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) OLIVER, WARREN BROOKS	RACE C	ETH C	SEX M	DOB 10/19/61	AGE 51	HGT 6	WGT 240	HAIR BL	EYES BZ
STREET ADDRESS 103 118th Dr. NE		CITY LAKE STEVENS		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE (425) 343-5772		CELL PHONE (425) 343-5772		PLACE OF EMPLOYMENT NORTH AMERICAN AIRCRAFT SERV						
WORK PHONE (206) 250-5449		EMAIL ADDRESS roryoliver2000@yahoo.com								

I, WARREN B. OLIVER, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

AT APPROX. 0630 I WAS DRIVING DOWN 20TH SE ON MY WAY TO WORK. THE TRAFFIC WAS MODERATELY HEAVY FOR A FRIDAY, AND IT WAS SLIGHTLY FOGGY.

THE TRAFFIC IN FRONT OF ME CAME TO A HALT, AS DID I. A COUPLE OF SECONDS LATER I HEARD A LOUD "THUMP", AND THEN THE CAR BEHIND ME RAN INTO THE BACK OF MY CAR, PUSHING MY BUMPER & TOW BAR DOWN, AND DENTING MY BUMPER.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Warren B. Oliver</u>	DATE SIGNED 10/18/09	LOCATION SIGNED LK. STEVENS
OFFICER/NUMBER: <u>SGT. [Signature]</u>	DATE SIGNED 11	LOCATION SIGNED 11

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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Incident History for: #SS13023010

Case Numbers: \$SS13002609

Entered 10/18/13 07:23:42 BY SPCT03 SP0373
 Dispatched 10/18/13 07:24:31 BY SPDP17 SP0168
 Enroute 10/18/13 07:24:31
 Onscene 10/18/13 07:31:56
 Closed 10/18/13 08:22:58

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
 Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
 Police BLK: SS003 Fire BLK: AG1318 Map Page: 397C-4 Group: SS1 Beat: SOUT
 Src: T
 Loc: 20 ST SE/83 AV SE , LKS (V)

Loc Info:
 Name: SUBRAMANIAM, KUMARAVEL Addr: Phone: 4253451995

'0723 (SP0373) ENTRY , CC, NON INJ, NON BLKING, FORD ESCAPE VS NISSAN
 PATHFINDER, THERE WAS ANOTHER VEH INVOLVED, DRIV
 ER SAID HE HAD A WORK EMERGENCY AND L EFT, GAVE
 RP LICENSE AND PH INFO, ON 20 ST
 '0724 (SP0168) DISPER SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
 '0731 ASSTOS SS1910 [20 ST SE/83 AV SE , LKS]
 #SS13 BROOKS, SGT (RON)
 '0735 (SS75) *ONSCNE SS1931
 '0735 REMINQ SS1931 MDTVEH, AGU0527,, WA, , , , , , , , , , ,
 '0735 REMINQ SS1931 MDTWANT, , , , , , , , , , , WA, EBERLJA151R2, , , , , , , , , , ,
 '0737 (SP0168) ASNCAS SS1910 \$SS13002609
 '0737 MISC SS1910 , OWNER REQ FOR RESCUE TOWING
 '0738 MISC SS1910 , RESCUE TOWING ENRT
 '0757 (SS75) CLEAR SS1931
 '0820 (SP0168) MISC SS1910 , HAVE RESCUE TOW TAKE VEH TO 6410 EVERGREEN WY
 '0822 CLEAR SS1910 D/H
 '0822 CLOSE SS1910